

Return To: City of Concord
 Code Administration
 Health Services
 37 Green St
 Concord, NH 03301



Check #: _____
 Fee: \$30.00
 Make checks payable to
CITY OF CONCORD

Plan Review Application for Food Service Establishment

Applicant Information		
Establishment: _____	Phone: _____	
Corporation _____	Phone: _____	
Estab. Address: _____		
<i>Street Address</i>		<i>Unit #</i>
Corp. Address: _____		
<i>Street Address/PO Box</i>	<i>City/State</i>	<i>ZIP Code</i>
Billing Address: _____		
<i>Street Address/PO Box</i>	<i>City/State</i>	<i>ZIP Code</i>
Manager Name: _____	Phone: _____	
Owner Name: _____	Phone: _____	
Owner Address: _____		
<i>Street Address/PO Box</i>	<i>City/State</i>	<i>ZIP Code</i>
Email: _____		
The following documents MUST be attached to your plan review application. A plan review is required for all new food service license applicants.		
Drawing of Layout (equipment, prep areas and sinks labeled) Attached <input type="checkbox"/>	Menu Attached <input type="checkbox"/>	
Equipment List (make and model # required. All equipment must be NSF or commercial equivalent) Attached <input type="checkbox"/>	ServSafe Certification Number: _____	

Disclaimer and Signature

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

Print Name: _____

FOR OFFICE USE ONLY

Pre-licensing Inspection Date: _____

Pre-licensing Inspection Passed: YES NO

Plan Review Completed: _____ Date: _____
Health & Licensing Officer

THIS IS NOT AN APPLICATION FOR A FOOD SERVICE LICENSE. APPLICATIONS FOR FOOD SERVICE LICENSES ARE COMPLETED AFTER PASSING A PRE-LICENSING INSPECTION. ALL NEW APPLICANTS MUST COMPLETE THE PLAN REVIEW PROCESS PRIOR TO LICENSURE.